PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10721652

				<u> </u>								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			19					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			19 minus 20=		· 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ mii	nus 3 =	• 0			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II 9/30/05 (Column 1) (Column 2) (Column 3)							<u>.</u>	SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A	1/5/	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· . 19	Minus	** ;	20	=		X\$ 9≃		OR	X\$18=	
	Independent	• /	Minus	***	3	= -		X43=		OR	X86=	_
	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDENT	CLAIM		1	+145≃		OR	+290=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	. •	=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		J	+145=		OR	+290 <u>÷</u>	
TOTAL										OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.*	Minus	** .		*		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR.	X86=	
[FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL	
* If the entry in column 1 is less than the entry in column 2, while of in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	The *Highest Nun	nber Previously Pa	id For" (Total o	r independ	ieni) is th	e nignest numb	er ro	nuo mi ene api	и органа во	~ 01 66		